

INTERN APPLICATION
OFFICE OF U.S. SENATOR DANIEL K. AKAKA

Name: _____ Date: _____

Permanent address: _____

Telephone: _____

Temporary address: _____

Telephone: _____

ACADEMIC INFORMATION

(Schools attended, begin with current school and include high school)

<u>School</u>	<u>Address</u>	<u>Dates Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dates available for internship: _____

If you are currently enrolled in college/university, please answer the following:

Does your school have a formal intern program? _____

Is academic credit available for internship? _____

If yes, how many? _____

Advisor's name/daytime phone #: _____

Year in school: _____ Graduation date: _____

Major: _____ GPA: _____

School/Community Activities:

Previous Employment:

<u>Employer</u>	<u>Address</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Skills applicable to internship (typing, research, computer, other):

References: (list names, addresses and phone numbers of three people who have known you for sometime and who are not related to you)

Name: _____

Address: _____

Occupation: _____ Telephone: _____

Name: _____

Address: _____

Occupation: _____ Telephone: _____

Name: _____

Address: _____

Occupation: _____ Telephone: _____

PLEASE ATTACH ANY ADDITIONAL INFORMATION THAT MAY BE USEFUL, A STATEMENT OF YOUR REASONS FOR YOUR INTEREST IN PARTICIPATING IN THIS INTERN PROGRAM, A 2-3 PAGE SAMPLE OF YOUR WRITING, AND A COPY OF YOUR COLLEGE TRANSCRIPTS.

Applications and all requested information must be received in my office by March 15:

The Honorable Daniel K. Akaka
P.O. Box 50144
Honolulu, HI 96850